

PRIVACY IMPACT ASSESSMENT (PIA)

For the

Category Test: Computer Version Research Edition (CAT:CV) Application

US Army Medical Command - DHP Funded Application

SECTION 1: IS A PIA REQUIRED?

a. Will this Department of Defense (DoD) information system or electronic collection of
information (referred to as an "electronic collection" for the purpose of this form) collect,
maintain, use, and/or disseminate PII about members of the public, Federal personnel,
contractors or foreign nationals employed at U.S. military facilities internationally? Choose
one option from the choices below. (Choose (3) for foreign nationals).

	(1)	Yes, from members of the general public.
	(2)	Yes, from Federal personnel* and/or Federal contractors.
\boxtimes	(3)	Yes, from both members of the general public and Federal personnel and/or Federal contractors.
	(4)	No

b. If "No," ensure that DITPR or the authoritative database that updates DITPR is annotated for the reason(s) why a PIA is not required. If the DoD information system or electronic collection is not in DITPR, ensure that the reason(s) are recorded in appropriate documentation.

c. If "Yes," then a PIA is required. Proceed to Section 2.

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^{* &}quot;Federal personnel" are referred to in the DoD IT Portfolio Repository (DITPR) as "Federal employees."

SECTION 2: PIA SUMMARY INFORMATION

a.	a. Why is this PIA being created or updated? Choose one:						
		New DoD Information	tion System		\boxtimes	New Electron	ic Collection
		Existing DoD Info	rmation Syste	em		Existing Elect	ronic Collection
		Significantly Modi System	ified DoD Info	ormation	l		
		s DoD information Network (SIPRNE			d in t	he DITPR or the	DoD Secret Internet Protocol
		Yes, DITPR	Enter DITPR	R System	Iden	tification Number	
		Yes, SIPRNET	Enter SIPRN	IET Iden	tificat	ion Number	
	\boxtimes	No					
		this DoD informa on 53 of Office of					que Project Identifier (UPI), required ar A-11?
		Yes		\boxtimes	No		
	lf "Ye	es," enter UPI	Γ				
		If unsure,	consult the Co	omponen	t IT B	udget Point of Conta	act to obtain the UPI.
	cords	Notice (SORN)?	-				quire a Privacy Act System of
	or law		idents that is <u>re</u>				contains information about U.S. citizens ntifier. PIA and Privacy Act SORN
		Yes			No		
	lf "Ye	es," enter Privacy A	Act SORN Ide	ntifier		A0040-66b DASG	
		Consult the Compo	onent Privacy (Office for	addit	Federal Register nur ional information or v.defenselink.mil/pri	
		or					
	Date	of submission for a Consult the Co	approval to Domponent Priva			-	

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This number indicates OMB approval to collect data from 10 or more members of the public in a 12-month period regardless of form or format. Yes **Enter OMB Control Number Enter Expiration Date** \boxtimes No f. Authority to collect information. A Federal law, Executive Order of the President (EO), or DoD requirement must authorize the collection and maintenance of a system of records. (1) If this system has a Privacy Act SORN, the authorities in this PIA and the existing Privacy Act SORN should be the same. (2) Cite the authority for this DoD information system or electronic collection to collect, use, maintain and/or disseminate PII. (If multiple authorities are cited, provide all that apply.) (a) Whenever possible, cite the specific provisions of the statute and/or EO that authorizes the operation of the system and the collection of PII. (b) If a specific statute or EO does not exist, determine if an indirect statutory authority can be cited. An indirect authority may be cited if the authority requires the operation or administration of a program, the execution of which will require the collection and maintenance of a system of records. (c) DoD Components can use their general statutory grants of authority ("internal housekeeping") as the primary authority. The requirement, directive, or instruction implementing the statute within the DoD Component should be identified. 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 1071-1085, Medical and Dental Care; 50 U.S.C. Supplement IV, Appendix 454, as amended, Persons liable for training and service; 42 U.S.C. Chapter 117, Sections 11131-11152, Reporting of Information; 10 U.S.C. 1097a and 1097b TRICARE Prime and TRICARE Program; 10 U.S.C. 1079, Contracts for Medical Care for Spouses and Children; 10 U.S.C. 1079a, CHAMPUS; 10 U.S.C. 1086, Contracts for Health Benefits for Certain Members, Former Members, and Their Dependents; E.O. 9397 (SSN); DoD Instruction 6015.23, Delivery of Healthcare at Military Treatment Facilities (MTFs); DoD Directive 6040.37, Confidentiality of Medical Quality Assurance (QA) Records; DoD 6010.8-R, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Army Regulation 40-66, Medical Record Administration and Health Care Documentation.

e. Does this DoD information system or electronic collection have an OMB Control Number? Contact the Component Information Management Control Officer or DoD Clearance Officer for this information.

		f DoD information system or electronic collection. Answers to these question sistent with security guidelines for release of information to the public.				
		e the purpose of this DoD information system or electronic collection and briefly types of personal information about individuals collected in the system.				
coll ide	ected is limite	sychological test of problem solving ability used for direct patient care. Personal information and the last four digits of the Social Security number, both of which are used for poses. Date of birth, race, gender, ethnicity, and education level are also collected in order atient's test results with that of other individuals for interpretation of test performance.				
		lescribe the privacy risks associated with the PII collected and how these risks are o safeguard privacy.				
Risk	s include unau	uthorized access to PII and unauthorized disclosure of PII. These risks are addressed by the				
follo	owing:	·				
2) /	Appropriate sa	have role-based access. feguards are in place to minimize the possibility of disclosure. The database is physically housed olled server room and appropriate application level security is in effect.				
<u> </u>						
V ith	whom will	the PII be shared through data exchange, both within your DoD Component a				
side	e your Com	ponent (e.g., other DoD Components, Federal Agencies)? Indicate all that app				
\boxtimes	Within the	DoD Component.				
	Specify.	The PII will be shared with health care providers within the Army Medical Treatment Facility (MTF) using this software.				
	04h D - D					
	Other DoD	Components.				
	Specify.					
	Other Federal Agencies.					
	Specify.	ral Agencies.				
	☐ State and Local Agencies.					
	Otate and L					
\boxtimes	Specify.					
\boxtimes	Specify. Contractor	ocal Agencies. (Enter name and describe the language in the contract that safeguards PII.)				
\boxtimes	Specify.	ocal Agencies.				

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. D	o individuals h	ave the opportur	nity to object to the collection of their PII?	
×	Yes] No	
	(1) If "Yes," (describe method b	by which individuals can object to the collection of PII.	
			05, Privacy Act Statement - Health Care Records, is provided and signature. This form is placed in the patient's medical reco	
	(2) If "No," st	ate the reason wh	ny individuals cannot object.	
Do	individuals h	ave the opportuni	ity to consent to the specific uses of their PII?	
Do	_	ave the opportuni	ity to consent to the specific uses of their PII?	
] Yes		No	t .
	Yes (1) If "Yes," of Defendance of Defendan	describe the methor		to the
	Yes (1) If "Yes," of Defendance of Defendan	describe the methor	No od by which individuals can give or withhold their consenses. O5, Privacy Act Statement - Health Care Records, is provided	to the
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	Yes (1) If "Yes," of Defendance of Defendan	describe the methor	No od by which individuals can give or withhold their consenses. O5, Privacy Act Statement - Health Care Records, is provided	to the
	(1) If "Yes," of the point at t	describe the methor fense (DD) Form 200 t of care for review a	No od by which individuals can give or withhold their consenses. O5, Privacy Act Statement - Health Care Records, is provided	to the
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j.

⊠ Pr	ivacy Act Statement		Privacy Advisory
☐ Ot	ther		None
Describe each applicat format.	e Department of Defense (DD the patient at the point of caple record.	P) Form 2005, Pr are for review and	ivacy Act Statement - Health Care Records, is provided a signature. This form is placed in the patient's medical

NOTE:

Sections 1 and 2 above are to be posted to the Component's Web site. Posting of these Sections indicates that the PIA has been reviewed to ensure that appropriate safeguards are in place to protect privacy.

A Component may restrict the publication of Sections 1 and/or 2 if they contain information that would reveal sensitive information or raise security concerns.

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